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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	50-03-006
	First Named Inventor	Uma M. Krishnamurthy, et al
	COMPLETE IF KNOWN	
	Application Number	10 / 603,061
	Filing Date	June 24, 2003
	Group Art Unit	3629
	Examiner Name	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR EMPLOYEE MIGRATION ASSESSMENT AND FORECAST

the specification of which (Title of the Invention)

☐ is attached hereto OR ☒ was filed on (MM/DD/YYYY) 06/24/2003 as United States Application Number or PCT International Application Number 10/603,061 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

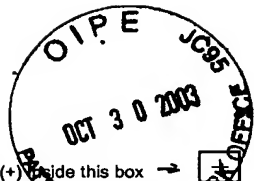
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 34279

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 34279 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Uma M.		Krishnamurthy	
Inventor's Signature			Date
Residence: City	Chennai	State	India
Post Office Address	40/58, Outer Circular Road		
Post Office Address	Kilpauk Gardens		
City	Chennai	State	India
ZIP	600 010	Country	India

☒ Additional inventors are being named on the ☒ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Pushpa				Neelakantan			
Inventor's Signature	<i>Pushpa n</i>					Date	15/10/03
Residence: City	Chennai	State	TN	Country	India	Citizenship	India
Post Office Address	1075/3, Ponni Colony						
Post Office Address	26th Street, H Block, Anna Nagar						
City	Chennai	State	TN	ZIP	600 040	Country	India
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Radhika R.				Gannamani			
Inventor's Signature	<i>G. Radhika Rani</i>					Date	
Residence: City	Tanuku	State		Country	India	Citizenship	India
Post Office Address	c/o Krishnaji G., House #35-53-14						
Post Office Address	Montessori School Road						
City	Tanuku	State		ZIP	534 215 AP	Country	India
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David				Peterson			
Inventor's Signature						Date	
Residence: City	Springboro	State	OH	Country	USA	Citizenship	USA
Post Office Address	30 Dogwood Court						
Post Office Address							
City	Springboro	State	OH	ZIP	45066	Country	USA

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Pushpa				Neelakantan			
Inventor's Signature						Date	
Residence: City	Chennai	State		Country	India	Citizenship	India
Post Office Address	1075/3, Ponni Colony						
Post Office Address	26th Street, H Block, Anna Hagar						
City	Chennai	State		ZIP	600 040	Country	India
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Radhika R.				Gannamani			
Inventor's Signature						Date	
Residence: City	Tanuku	State		Country	India	Citizenship	India
Post Office Address	c/o Krishnaji G., House #35-53-14						
Post Office Address	Montessori School Road						
City	Tanuku	State		ZIP	534 215 AP	Country	India
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David				Peterson			
Inventor's Signature						Date	10/10/03
Residence: City	Springboro	State	OH	Country	USA	Citizenship	USA
Post Office Address	30 Dogwood Court						
Post Office Address							
City	Springboro	State	OH	ZIP	45066	Country	USA

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ronald				Frederick			
Inventor's Signature	<i>Ronald Frederick</i>					Date	10/10/03
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Post Office Address		1744 Lesourd Drive					
Post Office Address							
City	Beavercreek	State	OH	ZIP	45432	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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